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DI GOI THE FALSHAOIR NOUNCIDE AND DE 1839	Application Number	09/748,942								
TRANSMITTAL	Filing Date	11 DEC 2000								
FORM	First Named Inventor	ELDERING								
	Art Unit	2611								
(to be used for all correspondence after initial i	Examiner Name	SHELTON,	BRIAN							
	Attorney Docket Number	T721-15								
ENCLOSURES (Check all that apply)										
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence of Terminal Discialmer Request for Refund CD, Number of CD(s) Landacape Table on Cili	Address	Appeal (Appeal	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Propriotary Information Status Letter Other Enclosure(s) (please Identify below):						
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks Certificate of Transmission TURE OF APPLICANT, ATTO		PAGENT							
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FEE TRANSMITTAL			Complete if Known								
			Application Number			09/748,942					
for FY 2005	Filing Date				11 DEC	11 DEC 2000					
	First Named Inventor			Invento	r ELDERI	ELDERING					
Effective 10/01/2004. Patent fees are subject to annual revision.		Examiner Name			SHELTO	SHELTON, BRIAN					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			2611	2611					
TOTAL AMOUNT OF PAYMENT (\$) 55.00		Attorney Docket No.			T721-15	T721-15					
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)									
Check Credit card Money Order None	3. ADDITIONAL FEES										
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Code (\$) Code (\$)		5 2,080	2255			ply within fourth month ply within fifth month					
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		3 1,330	2453			e - unintentional					
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and over original patent SUBTOTAL (2) (\$) 0.00	Othe	of a design application Other fee (specify)									
SUBTOTAL (2) (\$) U.UU **or number previously paid, if greater, For Relssues, soe above		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 55.00									
SUBMITTED BY (Complete (if applicable))											
Name (Print/Type) CRAIG HALLACHER	ī	Registration No. 54,896			96 T	Telephone 215-766-2100					
Signature 2/L		(Attorney/	AGENII	1,,00		Date 10/7/					

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